

**Department of Public Health
Department of Human Services**

**Overview of Current and Potential Collaborative Efforts
A Report to the Government Oversight Committee
September 2003**

Current Areas of Collaboration

The Department of Public Health and the Department of Human Services have been working together successfully for many years. We recognize that in some program areas, collaboration allows us to better identify those needing services, increase available resources, and provide better service. In these instances, it is the desire of both departments to continue this strong working relationship. It is our responsibility not only to provide the best quality services to Iowans, but also ensure the greatest cost efficiencies in the delivery of these services. The following program areas have provided opportunities to work together to achieve these objectives while fulfilling the mission of both agencies:

Childhood Immunization Program - The Vaccine for Children (VFC) coordinator at DPH works closely with staff from DHS through ongoing written and verbal communications in addition to attending meetings and conferences. Areas of collaboration between agencies in this program include:

- Verification by DPH and DHS of age and insurance eligibility for *hawk-i* and VFC vaccination programs.
- Advocacy by DPH and DHS staff to the Centers for Medicaid and Medicare Services for Medicaid coverage of new vaccines..
- CDC notification of vaccine shortages to DPH staff that, in turn, notifies appropriate DHS agencies.

Staffs from both DHS and DPH are involved with the Government Performance and Results Act (GPRA) to ensure that two-year olds enrolled in Medicaid are appropriately immunized. IDPH Registry staff provides data to DHS to supplement immunization histories on children covered under Medicaid to help assure that those eligible are fully immunized.

The DPH Immunization Program also supplies literature, including Vaccine Information Statements, the Recommended Childhood Vaccination Schedule and literature recommended by the CDC to *hawk-i* providers.

The VFC Program was established under authority of Section 1928 (a) of the Social Security Act, 42 U.S.C. (1396s) (a) (See Appendix A). Per VFC eligibility guidelines, children enrolled in *hawk-i* are not eligible to receive VFC vaccine due to insurance

coverage status. The **hawk-i** program was established under authority of Section 2101 of the Social Security Act, 42 U.S.C. 1397(aa) (See Appendix B). Under this federal law, funding is specifically designated to each department's program and cannot be used for any other purpose. Therefore, providers offering vaccinations through VFC and **hawk-i** are paid through their respective programs. This partnership assures that immunization providers are properly reimbursed for the services.

WIC - The Women, Infant and Children (WIC) Program works closely with DHS Medicaid regarding infants and children requiring special formula. When a child on Medicaid is identified by a physician as needing special formula, the family is referred to the WIC Program, which assumes responsibility for providing it. DPH and DHS have worked to establish a policy that allows Medicaid to pay for any amount of special formula that exceeds the maximum WIC food package.

Food-Stamp Nutrition Education - The DPH Bureau of Nutrition implements the Food Stamp Nutrition Education Plan, which provides nutrition education to DHS identified food-stamp eligible families. The goal of food-stamp nutrition education is to provide programs that increase, within a limited budget, the likelihood of food-stamp recipients making healthy food choices and choosing active lifestyles, thereby improving their health. DPH also works with the departments of education and elder affairs in providing nutrition education through this program. This Nutrition Information and Awareness Program was established under the Farm Security and Rural Investment Act of 2002, which amends the Food Stamp Act of 1977 Food Stamp Act. (See Appendix C)

Family Planning – The State Family Planning Program (Temporary Assistance to Needed Families, [TANF], and Social Services Block Grant Funds combined) is administered by DHS. DPH provides technical assistance and consultation to program participants on behalf of DHS. This technical assistance provides professional health-care expertise on current clinical professional practice and standards. The program provides reimbursement to DPH family planning clinics for on a fee-for-service basis for clients whose income is at or below 100% of state poverty guidelines. The technical assistance and consultation assures that low-income Iowa women receive clinical services based on scientific, professional standards and guidelines.

Women who receive a positive pregnancy test are provided information on accessing Medicaid coverage to increase the likelihood of obtaining pre-natal care early and regularly in their pregnancy.

Pregnancy Prevention Programs - The DPH and DHS adolescent pregnancy-prevention programs have collaborated on several joint initiatives, such as sharing costs of incentive items and costs for a national speaker for grantee meetings. The DPH *Abstinence Only Education* programs have used the evaluator that is used for the DHS programs. The membership of FutureNet, the DHS-funded adolescent pregnancy state coalition, includes grantees from both the DHS and DPH programs.

While these programs collaborate whenever possible, combining them has proven difficult. An extensive feasibility study and report on combining adolescent pregnancy programs in each agency was completed in December of 2002 and has been provided in the appendix. (See Appendix D) The work group concluded that relatively few benefits could be expected from implementing a plan to combine the state's *Abstinence Only Education* projects and *Adolescent Pregnancy Prevention* programs in one state agency.

Smoking and Substance-Abuse Health Screening - Through the Medicaid Enhanced Services package provided to pregnant women, DPH maternal health centers screen all clients for evidence of smoking and substance abuse. Health education and referrals to smoking cessation programs are provided as appropriate. Some of these community-based smoking cessation programs are sponsored by DHS. Medicaid reimburses for Enhanced Services (care coordination, health education, psychosocial assessment, nutritional assessment, risk assessment and referrals) for eligible clients.

Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa (HOPES-HFI) - Through this program, funds are made available by DPH and DHS (who contracts additional funds to DPH) for family home visiting services. This program aims to develop healthy and stable children until age 2 by providing parent education and support and assuring that children age 0-2 get immunizations and well-child care. This prevention-based program reduces the number of child welfare referrals.

Breast and Cervical Cancer Early Detection Program - This program works through contracts with local boards of health to recruit low income women, primarily aged 40 – 64, for breast and cervical cancer screening services. The program also provides limited funding for diagnostic follow up and professional education offerings.

The breast and cervical cancer program collaborates with the Department of Human Services by identifying and verifying participating Medicaid eligible women. Verification provides women enrolling in the Medicaid Treatment Option additional coverage for diagnostic services and treatment for pre-cancerous or cancerous breast and/or cervical lesions through the Susan G. Komen Breast Cancer Foundation voucher program

The federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 was enacted in Iowa in 2001 and began service in July 2001. Iowa HF 308 provides for the new category of optional coverage under the medical assistance program.

State Emergency Response Capacity – This grant works with first responders as well as professionals in the mental health and substance abuse field by providing training and counseling in the event of a disaster. Counseling is provided to both the

victims of an emergency or disaster as well as the first responders who are impacted by the event.

Substance-Abuse Treatment – DHS and DPH work closely together and have cosigned an integrated managed care contract to provide substance abuse treatment. Payment for treatment is supplied by Medicaid (DHS) and DPH for those clients that are not Medicaid eligible. Substance abuse treatment, licensing and the handling of complaints are the responsibility of DPH.

Childhood Lead Inspections – This collaboration between the DPH lead program and DHS provides a source of funding to contractors of the DPH childhood lead poisoning prevention program. The program is designed to reduce the risk of lead poisoning to Iowa children. This funding helps defray the cost of providing environmental case management to lead poisoned children. The U. S. Department of Health and Human Services requires this reimbursement through Medicaid. DPH and its contractors are required by the terms of our federal grant to collect it. The outcome of this activity has been a desperately needed increase in funding to our local contractors.

Early and Periodic Screening Diagnosis and Treatment - The Early and Periodic Screening Diagnosis, and Treatment (EPSDT) program is Medicaid's comprehensive and preventive child-health program for people under age 21. The EPSDT program consists of two components: 1) assuring the availability and accessibility of required health-care resources, and 2) helping Medicaid recipients and their parents or caretakers effectively use those resources. Thus, the program not only provides but also manages a comprehensive child health program of prevention and treatment. It seeks out Medicaid clients, informs them of their benefits, especially about the availability of preventive care, and links them to available health services in their community.

DHS identifies newly enrolled Medicaid recipients so that DPH can inform them of available services. The agencies also work collaboratively to assure the availability of health-care resources and provide the financial resources for services. This combined effort has resulted in an increase in the number of children receiving health-care screening.

Lead-Poising Prevention - DPH Bureau of Lead Poisoning Prevention also collaborates with DHS in the EPSDT (Early and Periodic Screening Diagnosis and Treatment) program. Blood lead testing is a required component of the program, which provides a major source of funding for these tests.

Consultations on Environmental Health Issues in Child-care Facilities- DPH environmental health staff provide technical assistance to DHS on health risks of mold, radon, lead and improperly treated wastewater in licensed child-care facilities.

Child Health Specialty Clinics – Families of children who are diagnosed with chronic illness are informed regarding possible Medicaid benefits to cover their illness. The

departments work together to assure that the information has been provided and the Medicaid application and benefits obtained.

Home-Care Aide Service and Personal Assistance – This program provides personal care and homemaking services through funding by both DPH and DHS. The agencies work collaboratively to plan services at the local level. Those eligible for Medicaid receive funding through DHS while non-Medicaid or Medicare-eligible participants receive funding through a grant provided by DPH.

Committees

DPH and DHS participate on numerous common committees and advisory groups. These associations allow for numerous opportunities for collaboration on one-time projects as well as ongoing efforts. These opportunities include:

Empowerment Board - The Iowa Community Empowerment Initiative was established by legislation during the 1998 session in an effort to create a partnership between communities and state government to improve the well being of families with children aged 0-5. It is believed that the desired results identified by communities, with the support of the state, will be achieved by individuals, governments, and agencies working collaboratively within communities.

Senior Living Coordinating Unit – This unit was created in response to Chapter 16.1(249D) IAC to develop mechanisms and procedures to improve long-term care in Iowa. The unit develops procedures, plans, rules and reports as identified in Iowa Code section 249D.58

Prescription-Drug Task Force – This task force was convened by DPH in response to HF 2192 to determine the feasibility of establishing a prescription drug-purchasing cooperative with other midwestern states. DHS provided crucial information on federal laws surrounding drug purchasing and participated in conference calls with neighboring states. The contribution of both DPH and DHS staff was integral in determining the outcome of this study.

Drug-Policy Advisory Committee - The Drug-Policy Advisory Council, established by *Iowa Code Chapter 80E*, is responsible for "making policy recommendations to the appropriate departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, and treatment." This committee also coordinates substance-abuse prevention, treatment and law enforcement.

Child-Welfare Committee – DPH is a member of the Stakeholder panel on the 2003 redesign of Iowa's child-welfare system of delivering services to at-risk children, youth and families.

Tobacco Use Prevention and Control Commission – The tobacco commission was established under administrative rule chapter 142A.3 to develop policy, provide direction for the tobacco initiative and perform all other duties as designated by this chapter or referred to the commission by the director of public health.

The Iowa Consortium for Comprehensive Cancer Control was established in June 2002. Its purpose is to develop and implement a state plan to improve cancer prevention and control in Iowa. Activities are coordinated by a steering committee, under the guidance of the Iowa Department of Public Health and the American Cancer Society, Midwest Division.

The Cancer Consortium is comprised of over 100 people, representing approximately 50 entities. Represented are researchers, legislators, insurance companies, health-care providers, genetics, faith-based organizations, hospice, pharmaceutical companies, cancer centers, cancer survivors, health systems, voluntary health organizations, state and local public health agencies, schools, and a variety of other agencies, including DHS, with interest in cancer control.

Medicaid Funding – Medicaid provides much needed funding to health programs, such as immunizations, lead testing, smoking in pregnant women, and health screening in children, for low income Iowans. Through the efforts of both agencies, more Iowans have access to health care.

Mental Health and Developmental Disabilities Redesign Committee - HF 529 directed the development of the MH/DD Commission for the purposes of developing redesign recommendations for the current service delivery system. DPH and DHS are both participants.

Additional Areas of Collaboration

While both agencies have tried to collaborate when possible, we recognize the need for ongoing assessment and open communication as programs and services evolve to meet the changing health needs of Iowans. The creation of this report has provided the opportunity to assess areas of collaboration that currently exist between agencies as well as opportunities that might be available should a funding source be identified. The possibility for future joint efforts exist within the following areas:

Pregnant Women and Smoking - The Division of Tobacco Use Prevention and Control (DPH) has, in past years, provided grants to community-based agencies (DHS) to provide smoking cessation classes for pregnant women. Recently, these grants were discontinued due to funding cuts. Maternal Health agencies that had received these grants have attempted to continue to provide these services with limited success due to minimal funds. Smoking has been identified as a factor in numerous health conditions, including low birth weight and premature births. Addressing this issue would not only improve the health of babies, but also reduce

associated Medicaid costs.

Co-occurring State Incentive Grant (COSIG) – A grant has been submitted which, if funded, will provide training and infrastructure to community-based mental health and substance abuse programs. It would improve the quality of currently available treatment for clients who have both mental health and substance-abuse disorders. One FTE for DHS and one FTE for DPH have been proposed.

Development of a Medicaid 1115 Waiver – This waiver would extend coverage for family planning to Iowa women whose income falls below 300% of the federal poverty level.

Studies of other state waivers assists DHS staff in developing the Iowa waiver request, thereby improving the chances for approval. If a waiver request is approved, an increased number of low-income Iowa women could access reimbursement for family planning. Access to Medicaid reimbursed family planning increases the chance that babies born to low-income women are planned and healthy at birth. Thus, the infant mortality and low birth-weight numbers may decrease. DPH provides information about the location of family planning clinics and the services provided by the clinics.

Food Stamp Program and Obesity Control - The prevalence of overweight children in the United States has become an increasing public health concern. In 1999, about 13 percent of children 6-11 years of age were classified as overweight, more than triple the percentage in 1965. Dietary guidelines recommend a healthful assortment of food and at least 60 minutes of activity daily. A recent editorial in the Washington Post suggested that, rather than food programs alleviating food insecurity and hunger, they may be linked to eating more food than necessary and to being overweight. Being overweight as a child is a risk factor for adult obesity and a variety of health problems. DHS and DPH would work together to address this serious health issue in Food Stamp recipients.

Hepatitis A & B - DHS and DPH are developing plans to work together to increase awareness of Hepatitis A & B within facilities that serve Children in Need of Assistance (CINA) and delinquent youth. The goal is to make facilities aware of the need for the vaccine among this population, as well as of the availability of free vaccines.

Screening, identification, testing, and treatment for parents of children in child-welfare system - Estimates are that 40% to 60% of parents of children in child-welfare systems abuse alcohol or other drugs. DHS and DPH are working together to better coordinate screening, identification, testing, and treatment for this population.

Purchase of Vaccinations – Explore the possibility of utilizing DPH's ability to purchase childhood immunizations at a bulk, reduced rate to increase the number of children on *hawk-i* and Medicaid who are vaccinated.

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**Comments On the Proposed Merger
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While collaboration between programs is highly encouraged, combining programs – and particularly agencies – produces many challenges and barriers. Most of the programs identified by the Program Elimination Commission (See Appendix E) as possible areas of common focus are federally funded. As indicated in examples referenced in the appendix, federal guidelines specifically state that funds provided to a state shall only be used to carry out the purpose of the title or each specific grant program. For example, CFDA 93.959 Block Grants for Prevention and Treatment of Substance Abuse specifically lists activities allowed or unallowed (See Appendix F) and federal requirements for the Lead Prevention Program prohibit supplanting of funds (See Appendix G). Furthermore, supplanting or use of federal funds outside the intended appropriation may result in a criminal penalty of up to \$25,000 or five years imprisonment as exemplified in Title V Block Grant Sec. 507, 42 U.S.C. 707. (See Appendix H) Therefore, collaboration is encouraged and in many cases, successfully provides service to Iowans, but combining of programs and funding streams may be prohibited under federal law.

Little or no financial savings will result from the merging of programs due to the requirements of these federal grants. In many instances, the grant guidelines require and fund FTE's sufficient for delivery of the program. Failure to adequately fund these positions, or to use these FTE's for duties outside the scope of the original grant application, is in violation of the contractual agreement. Failure to fulfill these agreements would severely impact any future success in obtaining grant awards because each agency continues to compete nationally for these precious and limited federal dollars.


Within the Department of Public Health, 400 employees oversee the delivery of approximately 150 programs. While we continuously look for efficiencies, the department firmly believes that the current structure delivers high quality services with minimal staff. Further reductions will serve to either eliminate programs or severely reduce services. Likewise, the Department of Human Services operates on a caseload that is one of the highest in the United States and that exceeds current staffing levels. Further reductions of staff will reduce the already limited services available to those in the greatest need. Therefore, merging of agencies or programs will not generate savings through staff reductions.

The DPH believes that a merger of these two agencies would result in a diminished focus on current public health functions including the markedly increased responsibility for homeland security activities and important future health initiatives. By maintaining a separate identity, the department is able to focus solely on fulfilling its mission of promoting and protecting the health of Iowans.

A merger with DHS would diminish our state's efforts to clarify for the public the importance of a modern public health infrastructure dedicated to the promotion and protection of health and able to support the state's new initiatives for growth. We depend on the public to respond to our messages to report diseases, get vaccinated, live healthily and avoid behavior that puts them at risk. A merger with DHS could cause the public to lose focus on important public health messages.

The Iowa Department of Public Health has responsibility for a number of programs in the core areas of environmental health, community health, promotion, prevention and addictive behaviors and disaster preparedness. These programs, like most traditional public health programs, have a basis in prevention and grounding in the physical sciences. It is unclear how these programs would align with the social science model used by DHS. As public health professionals, we are concerned that a merger with DHS, whose core functions are to serve persons in need, will not fit well with responsibilities and functions of public health to protect the health of all.

Public health providers in government service have always prided themselves on their independence, their focus and their dedication to improving the public's health through the use of scientific principles. Diluting that focus will significantly set back our state's ability to respond to threats and to seize opportunity for growth.

While many opportunities to collaborate exist, far greater programs provide services that are unique to the mission of each department.  Of the 150 programs within the DPH, 16 have been identified as currently or potentially collaborative. Other programs that deliver services such as environmental health, child support recovery, acute disease epidemiology, disaster preparedness, as well as many other DHS need-based services, offer little or no relation to the other agency's mission or priorities. Having separate departments does not mean we cannot work together and working together does not mean we should be combined. By maintaining separate agencies, we can continue to focus on our core functions and essential services to assure that Iowans receive optimum need-based and population-based services.